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|  | | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF V OCATIONAL REHABILITATION  **Customer Internship Program**  **Internship Agreement** | | |
| This form outlines the job duties, wages/salary, expected schedule, contact information and the terms of DVR reimbursement for the host employer. | | | | |
| CUSTOMER’S NAME | | | | |
| ADDRESS CITY STATE ZIP CODE | | | | |
| TELEPHONE HOME CELL | | | | EMAIL ADDRESS |
| EMERGENCY CONTACT NAME TELEPHONE NUMBER | | | | |
| **Internship Program** | | | | |
| JOB TITLE | | | | |
| JOB DUTIES | | | | |
| BEGIN DATE | END DATE | | WAGE  $/hour | EXPECTED WORK SCHEDULE (DAYS AND HOURS/WEEK) |
| DVR services provided to support the internship: | | | | |
| **Employer Information** | | | | |
| EMPLOYER | | | | INTERN SUPERVISOR |
| ADDRESS CITY STATE ZIP CODE | | | | |
| TELEPHONE CELL | | | | EMAIL ADDRESS |
| EMERGENCY CONTACT NAME TELEPHONE NUMBER | | | | |
| is responsible for paying wages directly to  .  DVR will pay  for internship expenses as follows:  DATE AMOUNT  Total amount for up front costs (if any)  Total amount for first month  Total amount for second month  Final payment for third month | | | | |
| **Termination of Customer Internship**  If the internship is terminated, the employer may receive payment for the month in which the internship was terminated. If the individual works significantly fewer hours than originally agreed-upon, the fee is renegotiated. | | | | |

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| **DVR Counselor Information** | | |
| DVR COUNSELOR’S NAME | | |
| ADDRESS CITY STATE ZIP CODE | | |
| TELEPHONE CELL | EMAIL ADDRESS | |
| EMERGENCY CONTACT NAME TELEPHONE NUMBER | | |
| **DVR Intern Responsibilities** | | |
| 1. Work the agreed upon Internship schedule and maintain regular attendance; 2. Notify the employer in advance of any absence; 3. Maintain at least monthly contact with the DVR counselor; request additional DVR services or support, if needed; 4. Follow supervision of the employer and perform assigned job duties; 5. If this is a paid internship, work with DVR counselor to understand how income will impact benefits; 6. Other: | | |
| **DVR Counselor/Representative Responsibilities** | | |
| 1. In advance of a paid internship, help the customer understand how a paid internship will impact benefits; 2. Provide identified VR services to support the internship; 3. Maintain at least monthly contact with the customer; 4. Pay the employer according to the agreed-upon schedule; 5. Be available, upon request, to visit the internship site; 6. Identify any reasonable accommodations that will be needed by the intern to perform the essential job functions of the internship, and reimburse all employer costs to implement these accommodations; 7. Contact the employer at least monthly to check in and monitor progress: 8. Fax a copy of the completed agreement form to the State Office Internship Coordinator at fax number (360) 438-8007; 9. Other: | | |
| **Employer Information** | | |
| 1. Provide DVR with itemized cost estimate for sponsoring internship; 2. Complete necessary paperwork to get set-up as a DVR vendor; 3. Employ and supervise the intern as outlined in the agreement; 4. Pay wages, payroll taxes, and worker’s compensation; 5. Implement the agreed upon reasonable accommodations necessary for intern to perform the essential job functions of the internship (associated costs will be reimbursed by DVR); 6. Notify the DVR counselor/representative of any problems or concerns that arise; 7. Complete the Intern Evaluation Form at the end of the internship. | | |
| DVR CUSTOMER’S SIGNATURE | | DATE |
| DVR COUNSELOR’S SIGNATURE | | DATE |
| EMPLOYER’S SIGNATURE | | DATE |